. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

48
3
8

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9528

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1102

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4223 Wabash Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4223 Wabash Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Anna Neal Chinn

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Chinn
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased May (Month) 2 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
75	10	16	hr. min.

9. Birthplace Carthage (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home

FATHER
12. Name William Rawlings
13. Birthplace Shelby County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah K. Crow
15. Birthplace Shelby County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Chas Weakly
(b) Address 4223 Wabash
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 19, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Maplewood Cemetery
18. (a) Signature of funeral director Clarence, Missouri
(b) Address 1401 Brush Creek Blvd.
19. (a) 3-18-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1942 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct - 1st, 1941 to March 18, 1942
that I last saw her alive on March - 12th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Chronic several years

Due to 93 D

Due to

Other conditions Cardio Vascular - 1 by per tuition
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✗

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Bert A. Poorman (M. D. or other)
Address 1225 Rialto Bldg. Date signed 3/18/42

361

(Licensed Embalmer's Statement on Reverse Side)

Dr. B. A. Poorman
Realto Bldg
2-30-6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.